



State of New Hampshire

Department of Safety



Division of Fire Standards and Training & Emergency Medical Services
 Richard M. Flynn Fire Academy
 98 Smokey Bear Boulevard, Concord, New Hampshire
 Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002

Robert L. Quinn
Commissioner

Richard C. Bailey, Jr. and Perry E. Plummer
Assistant Commissioners

Deborah A. Pendergast
Director

NEW HAMPSHIRE TRAUMA CENTER APPLICATION AND PRE-REVIEW QUESTIONNAIRE (PRQ)

ACS Verified Adult /State Designated Pediatric Trauma Centers

INSTRUCTIONS: Please complete this application packet, including all required attachments and return to:

New Hampshire Bureau of Emergency Medical Services ATTN: CLINICAL SYSTEMS
 New Hampshire Dept. of Safety
 Division of Fire Standards and Training and EMS
 33 Hazen Drive
 Concord, NH 03305

Electronic Applications Preferred. Email to: trauma@dos.nh.gov

RENEWAL APPLICATIONS ARE DUE SIX MONTHS PRIOR TO EXPIRATION OF CURRENT TRAUMA ASSIGNMENT

Application Date: _____ **Review Type:** PEDI ONLY*
 *If applying for a pediatric only review: facility MUST attach confirmation of ACS-COT adult trauma review date and time. State pediatric designation review will occur at time of ACS adult review

Select Designation Level* (Circle): PEDI III | PEDI IV **Requested Review Date:** _____
 *Unless applying for a pediatric only review, facility MUST select an adult and pediatric designation level

Hospital Information:

Hospital Name:	
Hospital Address:	
Trauma Medical Director	Trauma Program Manager / Coordinator
Pediatric Trauma Medical Director	ED Nursing Director
ED Medical Director	EMS Coordinator
Chief Executive Officer	Chief Medical Officer

Hospital Beds (Do not include neonatal beds)

Hospital Beds	Adult	Pediatric	Total
Licensed			
Staffed			
Average Census			
ICU Beds			
Operating Rooms			

I hereby make application on behalf of this hospital for assignment as a New Hampshire trauma hospital. I have read and understand all of the criteria requirements pertaining to this application. To the best of my knowledge the information provided in or with this application is truthful and accurate, and the hospital meets or exceeds the criteria set forth therein.

CEO Signature

Date

REQUIRED ATTACHMENTS FOR PEDIATRIC ONLY TRAUMA CENTER APPLICATION



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The following supporting documents must be included with the application for trauma center designation. Attachments A-C and H are due at the time of application (for renewal applications: no less than six (6) months prior to expiration of current trauma designation). The PRQ and attachments J-Q are due no later than thirty (30) days prior to review date. Please identify each attachment with the appropriate letter, and page indicate "page (page number) of (total number of pages in attachment)" as footer.

Attachment	Required Documentation	Due
*Attachment A	A copy of a resolution(s) supporting the hospital's commitment to active participation as both an adult and pediatric trauma hospital signed by: a) The governing board, and b) The medical staff	At time of application
*Attachment B	A copy of the Trauma Team Activation Criteria & supporting guideline/policy	At time of application
*Attachment C	A copy of the hospital's Transfer Guidelines for adult and pediatric	At time of application
*Attachment H	A copy of the hospital's Massive Transfusion Guideline/Protocol (<i>Level III only</i>)	At time of application
*Attachment O (If Pedi Only: Provide Pedi Specific Examples)	Provide a description of the trauma education program, including examples: 1. Describe the types of educational offerings provided for physicians and nurses and indicate how often each are held. (Be prepared to provide specific information about attendance if requested.) 2. Describe how the hospital demonstrates collaboration with or participation in national, regional, or state trauma programs.	Thirty (30) days before review

PRE-REVIEW QUESTIONNAIRE (PRQ) FOR PEDIATRIC ONLY TRAUMA CENTER APPLICATION

Attach a copy of the PRQ sent to the American College of Surgeons.

OVERVIEW OF THE STATE PEDIATRIC DESIGNATION PROCESS

All hospitals actively participating in the New Hampshire Trauma System must receive a designated trauma level for both adult and pediatric capability. The review organization may be either the American College of Surgeons and/or the New Hampshire Department of Safety, Division of Fire Standards and Training & Emergency Medical Services. Possible designated pediatric trauma levels include Level I, II, III, or IV. Several paths exist for pediatric designation based on a number of factors including the hospital's pediatric capability level and the hospital's pediatric trauma admission numbers.

Any New Hampshire hospital seeking a designation for Pediatric level I or II must be reviewed by the American College of Surgeons (ACS) and meet extensive pediatric criteria specified in the current ACS document entitled "Resources for Optimal Care of the Injured Patient".

Any New Hampshire hospital seeking a designation for Pediatric level III or IV must be reviewed by Division staff (or designee) utilizing New Hampshire designation criteria (see NH Trauma System Plan for specific information). This requirement for both a State reviewer and State specific criteria are independent of and in addition to the ACS review process for all hospitals seeking ACS adult level designations without ACS Pediatric level I or II designation. The State pediatric site review may occur in conjunction with the ACS adult review with the State reviewer on-site during the ACS hospital site visit. In addition to NH pediatric designation criteria, the ACS has pediatric requirements for hospitals seeking adult designation levels that are based on the annual number of pediatric trauma admissions.

ACS pediatric criteria for adult designated hospitals admitting more than 100 pediatric trauma patients per year:

- a. Trauma surgeons credentialed for pediatric trauma care by hospital's credentialing body
- b. Pediatric ED area
- c. Pediatric Intensive care area
- d. Appropriate pediatric resuscitation equipment
- e. Pediatric-specific trauma PIPS program

ACS pediatric criteria for adult designated hospitals admitting less than 100 pediatric trauma patients per year:

- a. Review the care of injured children through the hospital's PIPS program
- b. Additional criteria as listed for hospitals admitting >100 pediatric patients are desirable but not required.